									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR														
Effective October 1, 2001									10064087					
CLAIMS AS FILED - PART I									ENT	ΠY		OTHER		
	TAL CLAIMS		(Cotumn	1)	(Column 2)			TYPE	<u>_</u>	<u> </u>	OR	SMALL	FEE	
TOTAL CLAIMS				5			ı	RATE	-+-	FEE		RATE BASIC FEE	740.00	
FOR .			NUMBER	FILEO	NUMBER EXTRA			BASIC FEE 370.		370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			25 min	us 20=	• 5			X\$ 9=			OR	X\$18=	90	
INDEPENDENT CLAIMS			10	nus 3 =	7			X42=			ОЯ	X84=	58K	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2						xolumn 2	1	TOTAL	+		OR	TOTAL	Lug	
CLAIMS AS AMENDED - PART II									L		,	OTHER		
3/3	(Column 1) (Column 2) (Column 3)							SMAL	LE	YTITY	OR	SMALL		
A		CLAIMS REMADENG		HIGH	BER	PRESENT				ADDI-		RATE	ADDI- TIONAL	
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE		TIONAL FEE		HAIE	FEE	
	Total	. 15	Minus	- 1	5	- 0		X\$ 9=			OR	X\$18=		
MEN	Independent	· 10	Minus	*** /	0	= ()		X42=	1	Ţ	OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=	1			+280=		
			•					707/	_1_		OR	TOTAL	0	
1-31-06 (Column 1) (Column 2) (Column 3)									E		OR	ADDIT. FEE		
	- 5100	(Column 1)	1	(Colu		(Column 3)	1		_	ADDI-	ì		ADDI-	
10	REMAINING AFTER			NUM PREVI	BER DUSLY	PRESENT		RATE	TIONAL		RATE	TIONAL		
AMENDMENT B		AMENDMENT		PAID	FOR		┨┠─		FEE				FEE	
	Total	· 27	Minus	** a	$\frac{1}{2}$	• V		X\$ 9=	1	/_	OR	X\$18=		
AME	Independent	+ / ()	Minus •••		CIAIM D			X42=			OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									. /		OR	+280=		
									AL E		OR	TOTAL		
(Column 1) (Column 2) (Column 3)														
		CLAIMS REMAINING		HIGH	ÆST BER	PRESENT	۱ (T	ADDI-			ADDI-	
M		AFTER AMENDMENT		PREV	OUSLY FOR	EXTRA		RATE	ŀ	TONAL FEE		RATE	TIONAL FEE	
AMENDMENT C	Total	•	Minus	••	1011	a		X\$ 9=	†	1 (OR	X\$18=		
	Independent	٠	Minus	***		•		X42=	+			X84:		
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							A46=	+		OR		 	
+140=											OR	+280=		
-	* If the entry in column 1 is less than the entry in column 2, write "of in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE													
-	el the "Lichari Mo	mber Previously Patter Previously Pa	aid For IN TH	IS SPACE	is less th	an 3. enter "3."				opriate bo	x in c	dumn 1.		

C

Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE